

Part I - Incident Report

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| 1. Institution: FDC Philadelphia | | Incident Report Number: 3379041 | |
| 2. Inmate's Name: HORNE, ARTAVIUS | 3. Register Number: 69833-066 | 4. Date of Incident: 03/17/2020 | 5. Time: 10:15 A.M |
| 6. Place of Incident: CELL 313 | 7. Assignment: | | 8. Unit: 3 NORTH |
| 9. Incident: Possession of any narcotics, drugs not prescribed to the individual by the medical staff. | | 10. Prohibited Act Code(s) 113 | |

11. Description of Incident (Date: 03/17/2020 Time: 10:15 a.m. Staff became aware of incident):

On March 17th 2020 at approximately 10:15 am while securing property of HORNE, ARTAVIUS REG: 69833-066, I discovered FOUR orange film like strips marked "8" inside of an envelope taped under the bottom bunk. The envelope was identified to belong to I/M HORNE as it was with legal documents and mail addressed to I/M HORNE. Lieutenant was then notified and the strips were brought to the Lieutenant's office. The FOUR orange strips were confirmed by the pharmacist to be SUBOXONE.

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| 12. Typed Name/Signature of Reporting Employee: G. SUTTON  | | 13. Date And Time: 03/17/2020 11:45 A.M |
| 14. Incident Report Delivered to the Above Inmate By | 15. Date Incident Report Delivered: | 16. Time Incident Report Delivered: |

Part II - Committee Action

17. Comments of Inmate to Committee Regarding Above Incident:

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| 18. A. It is the finding of the committee that you: <input type="checkbox"/> Committed the Prohibited Act as charged. <input type="checkbox"/> Did not Commit a Prohibited Act. <input type="checkbox"/> Committed Prohibited Act Code(s). _____ | B. <input type="checkbox"/> The Committee is referring the Charge(s) to the DHO for further Hearing. C. <input type="checkbox"/> The Committee advised the inmate of its finding and of the right to file an appeal within 20 calendar days. |
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19. Committee Decision is Based on Specific Evidence as Follows:

20. Committee action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed prohibited act):

21. Date and Time of Action: _____ (The UDC Chairman's signature certifies who sat on the UDC and that the completed report accurately reflects the UDC proceedings).

Chairman (Typed Name/Signature)

Member (Typed Name)

Member (Typed Name)

INSTRUCTIONS: All items outside of heavy rule are for staff use only. Begin entries with the number 1 and work up. Entries not completed will be voided by staff.

Distribute: Original-Central File Record; COPY-1-DHO: COPY-2-Inmate after UDC Action; COPY 3-Inmate within 24 hours of Part I Preparation WD Prescribed by P5270 Replaces BP-A0288 of AUG 11